FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG	E [	Reset For	m	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	nization)		<u> </u>	Rev. 07/2003)	REPORT
Citizen's for Haynes	1 1	Comm. #	nly 15.85		
IMPORTANT: Indicate type of committee you are reporting for:			1 1	ogged in	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City C		idale	c	computer W	1RS
CANDIDATE COMMITTEES ONLY:				udiledO:_	
Candidate Name	Political Party				
Jason Haynes	Democrat				
Office Sought	District (if Senate of	or House)			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
House of Representative	25			**	i desa
SIGNATURE OF TREASURER (or person filing this report)	TELEPHO	3 7 7 3 DNE	8257	Ma DATE S	4 19 04 GNED
Late filed reports are subject to	possible civil	and cri	minal p	enalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SE	ENTENC	<u>E:</u>		
I AM FILING A candidate disclosure	REPORT FOR AN		CTION /	(2)NON-ELEC	TION YEAR.
(report date)	A U Indicate or	ne [l			
(report date)  CHECK IF AMENDMENT TO REPORT DATED 5-18			Local Con	nmittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Disso		R-3.		Local Committee ction is held	s, enter County in
STATEMENT	OF CASH ON H	IAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is firs	the cash on hand a	at the end		0	
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kir	nd below)		3,621.46	
Schedule F: Loans Received total (Attach Schedule F)	,	••••••••		1,400	
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)		•••••	0	
(Schedule H applies to Candidates' Commi		SUB-TOT	AL\$	5,021.46	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD					٠ ها
Schedule B: Expenditures total (Attach Schedule B) (**	'also see debts and	l loans bei	ow)	4,894.91	1671 =
Schedule F: Loan Repayments total (Attach Schedule	F)			0	
CASH ON HAND at the end of this reporting period (if final reporting be zero) (Attach DR-3)			\$	126.55	329 5
**UNPAID BILLS (From Schedule D - Attach Schedule D)			\$	0	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	le E)		\$	0	
<b>□OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule	F)		\$	1,400	
CANDIDATE COMMITTEES ONLY:					
CONSULTANT BREAKDOWN (Schedule G Attached?)				LYE	s LNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)		\$	0	

# For Instructions, See Back of Form CONTRIBUTIONS - MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Citizen's for Haynes

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/6/04	ID# CK# n/a	LeRoy Miller Hwy 52 N Bellevue IA 52031 fundraiser unitemized 10 th	uncle	\$200	
5/10/04	ID# CK# n/a	fundraison unitemized 1000 or less contributions		2,760	V
5/12/04	ID# CK# n/a	fundraiser Unitemized 1000/ less contributions		561.46	V
5/17/04	ID# CK# n/a	fundraior unitemized 10%		100	~
	ID#				
	CK#				L
	ID#				
	CK#				L
· · · · · · · · · · · · · · · · · · ·	ID#				
	CK#				L
	ID#	The street			
	CK#	JUL 1.9	in the second se		
	ID#	30[ 1 9	2007		
	CK#				
	ID#		-		
	CK#				
	<u> </u>		SUB-TOTAL	\$ 3,621.46	
		TOTAL (if last page	e of this schedule)	\$ 3621 46	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_ (for Schedule A) FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form	

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES				
CHECK THIS BOX IF AMENDING FORM					

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Haynes

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE	(DESCRIBE 1134 (S. I.S )	
	ID#	Martin Thomas	Signs	
4/8/04	CK#1001	275 Blairs Rd Penasacola FL	Olgais	\$ 1,265.73
	ID#	Bellevue Herald Leader,	Advertising	
4/23/04	CK#1002	Bellevue Herald Leader, 118 5.2 and 5+ Belleve IA 52031		270.20
	ID#	Believue Herald Leader 1/8 5.2 5 f	Advertising	
5/10/04	CK#1003	118 S. 2 MS+ Bellevue IAS2:31		203
	ID#	Bender's Food	Food for Fundraisers	
5/10/04	CK# <sub>1004</sub>	Bender's Food 5. 2 nd Bellevne IA 52031		567.33
	ID#	Papa's	Supplies	
5/12/04	CK#1005	Papa's  Main St  Carlyte IA  52057	Supplies Refreshments For Fundraiser	340
	ID#		Food for Fundraiser	
5/12/04	CK#1006	Circle C Saloon Mainst La Morte IA 52084		230
	ID#	Kalmes' Restaurant,	Supplies for Fundraiser	
5/12/04	CK# <sub>1007</sub>	Hay 52 N Bellevee IA 50031	* 1.50 mg/m 1.50 mg/m 1.50 mg/m	171
	ID#	Impact Sales	Signs JUL 1 9 2001	
5/12/04	CK#1008	Impact Sales 418 Dons RdSE Cedar Rapids IA 52403		1,618.95
				\$ 466621

THIS	BOX	APPL	IES TO	3 CAN	DIDA	TES' C	MOS	AITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

_	1		7
Page		Qf	d

TOTAL (if last page of this schedule) \$

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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### **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NA	ME (Must be	same as on	Statement of	of Organization
COMMISSION OF	state language De	Guillo da Gir	000000000000000000000000000000000000000	. O. ga <u>Labor</u>

Citizen's for Haynes

DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/14/04	ID# CK#	automatic withdrawal	banking services, checks	\$ 25.70
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#		Towns, a	
	ID#		The out	
	CK#		JUL 1 9 200-	
	1D#			
	CK#			
<u> </u>	<u> </u>	<del></del>	SUB-TOTAL	\$

TOTAL (if last page of this schedule)

			_
\$ 4	.69	1.2	1

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

2	2
Page "	of ~

(for Schedule B)

the same as candidate, but there is no familial relationship, enter "not applicable" in the

relationship column when it applies.

Page 1 of 1 (for Schedule F)

ynnell Hayne

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FOR INSTRUCTIONS, SEE BACK OF FORM				FORM	
DISCLOSURE SUMMARY PAG	E	Reset For	m	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	nization)			Rev. 07/2003)	REPORT
Citi and Carllana			E	or Office Use O	niv_c
Citizen's for Haynes				omm. #	1583
IMPORTANT: Indicate type of committee you are reporting for:			1 1	ogged in	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (	4 )County/Local Ca	ndidate	1 1	Scanned Computer	
(5)County PAC (6)Ballot Issue/Frenchise Committee (7)County/City C	entral Committee				TIST 1
CANDIDATE COMMITTEES ONLY:			<u> </u>	TAETAGES	SONO
Candidate Name Jason Haynes	Political Party		1	DISCLOSU	REBUIT OF
	Democrat		\	anv 1	9 2004
Office Sought	District (if Senat	e or House)		MAI	5-K
House of Representative	25			<b>I</b> pm	)
A 2 01 1	567	- 542-	045	JELED !	Tiklay
SIGNATURE OF TREASURER (or person filing this report)	TELEPI			DATES	IGNED
Late filed reports are subject to	-		-	enalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE					
I AM FILING A candidate disclosure			ECTION /	(2)NON-ELEC	TION YEAR.
(report date)	Indicate	one 1			
CHECK IF AMENDMENT TO REPORT DATED		_	Local Co	mmittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Disse		I DR-3.		ection is held	s, enter County in
STATEMENT	OF CASH ON	HAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is first	the cash on han	d at the end		0	
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in	-kind below)	*********	3,621.46	
Schedule F: Loans Received total (Attach Schedule F)	)			1,400	
Schedule H: Total Sales of Campaign Property (Attach	n Schedule H)		*********	0	
(Schedule H applies to Candidates' Commi	ittees Only)				
		SUB-TOT	'AL\$	5,021.46	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				4 904 01	
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts a	and loans be	low)	4,894.91	
Schedule F: Loan Repayments total (Attach Schedule	F)		•••••	0	
CASH ON HAND at the end of this reporting period (if final repo be zero) (Attach DR-3)	•		\$	126.55	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			s	0	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu				0	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule				1,400	
CANDIDATE COMMITTEES ONLY:	•				
CONSULTANT BREAKDOWN (Schedule G Attached?)					S Y NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Citizen's for Haynes	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/8/04	ID# CK#1001	Martin Thomas	Signs	<b>\$</b> 1,265.73
4/23/04	ID# CK# <sub>1002</sub>	Bellevue Herald Leader	Advertising	270.20
5/10/04	ID# CK#1003	Bellevue Herald Leader	Advertising	203
5/10/04	ID# CK# <sub>1004</sub>	Bender's Food	Food for Fundraisers	567.33
5/12/04	ID# CK# <sub>1005</sub>	Papa's	Supplies	340
5/12/04	ID# CK# <sub>1006</sub>	Circle C Saloon	Food for Fundraiser	230
5/12/04	ID# CK# <sub>1007</sub>	Kalmes' Restaurant	Supplies for Fundraiser	171
5/12/04	ID# CK# <sub>1008</sub>	Impact Sales	Signs	1,618.95
			SUB-TOTAL	\$ 466624
			TOTAL (if last page of this schedule)	\$

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

D	1		5	)	
Page		 _ of		<u> </u>	

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (	Must be same as on	Statement of Organization)
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Citizen's for Haynes

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/14/04	ID# CK#	automatic withdrawal	banking services, checks	\$ 25.70
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	СК#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
		1	SUB-TOTA	L <b>\$</b>

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

_	2		2
Page		of	

\$ 4,691.21

TOTAL (if last page of this schedule)

# For Instructions, See Back of Form CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

Citizen's for Haynes

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/6/04	ID# CK# <sub>n/a</sub>	LeRoy Miller	uncle	\$200	
5/10/04	ID# CK# n/a	fundraiser		2,760	~
5/12/04	ID# CK# n/a	fundraiser		561.46	~
5/17/04	ID# CK# n/a	fundraier		100	V
	ID# CK#				
	ID#				
	ID# CK#				
	1	TOTAL (if last pag	SUB-TOTAL ge of this schedule)	\$ 3,621.46	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_

COMMITTEE NAME(Must be same as on Statement of Organization)	Reset Form	F F	LOANS
Citizen's for Haynes		(Rev. 07/03)	RECEIVED & REPAID

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

(Original source of loan, such as a bank, must be shown if a third party is

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

FOR INSTRUCTIONS, SEE BACK OF FORM

ABT II .	MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD	
WK! H.	MORE IAR I LOAR REPAIRENTS MADE ITIE REPORTING PERIOD	
	(Loans forgiven must be reported on Schedule E In-kind Contributions.)	

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUN1 REPAID
4/13/04	Rita Miller 38183 Hwy 52 Bellevue, Ia 52031	aunt	1,400				\$
	TOTAL (PART I)	\$ <u>1,400</u>			TOTAL CASH REPAYMENTS (PAR	RT II) \$	

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page_1	1
	(for Schedule F)

CHECK THIS BOX IF

AMENDING FORM